

2020 YEAR DAILY HEALTH CHECK

Year 2020

Child's Name:

Date of Birth:

Child Care Program:

KEY:	A: Absent	T/S: Loss of Taste/Smell	CS: Cuts/Scrapes	D: Diarrhea	E: Earache	F: Fever/Chills	FC: Flushed Complexion
	G: Glazed Eyes	H: Headache	SB: Shortness of Breath	I: Irritable	F: Fatigue	M: Mild Cough	N: Nasal Congestion/Discharge
	OK: Okay	OS: Open Sores	P: Pale	R: Rash	MA: Muscle Ache	C: Cough	
	ST: Sore Throat	NV: Nausea/Vomiting					

(NOTE: If the following categories are noted – ST, T/S, H, NV, SB, D, R, F, MA, F, FC, M, N or C – The child will be excluded from care until medical documentation is provided)

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
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Mar																															
April																															
May																															
June																															
July																															
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															

2020 YEAR DAILY TEMPERATURE CHECK/LOG

Parent Name:

Child Name:

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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